

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

439050

State File No.

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2336

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Richmond Heights
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME. Frank X. Donze

3. (b) If veteran, name war. 3. (c) Social Security No. 493-07-6448

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Agnes Donze 6. (c) Age of husband or wife if alive. 1886 years
7. Birth date of deceased. Sept. 25, 1886 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 2 15 hr. min.

9. Birthplace Weingarten Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Heating Business

12. Name Seraphine B. Donze

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Donze son

(b) Address 7112 Nashville Ave.

17. (a) Burial (b) Date thereof Dec. 12, 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. J. Croghan

(b) Address 714 Manchester Ave.

19. (a) DEC 11 1940 (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis
(c) City or town. Richmond Heights (If outside city or town limits, write "RURAL")
(d) Street No. 7112 Nashville Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 5 1940 to Dec 10 1940 that I last saw him alive on Dec 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion

Due to. Intermed. occlusion

Due to. 94%

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy. Intermed. Coronary occlusion

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) (e) Means of injury. X

23. Signature Robmeyer (M. D. or other)

Address 2220 Washington Date signed 12/14/40

2 PM office of medical school
2nd fl grand & Caroline
Dr. Mueller

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.